



04-20-06

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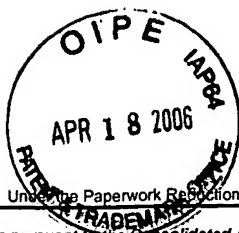
PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
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| | | | |
|---|----------------------|------------------------|--------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/618,237 | |
| | Filing Date | July 11, 2003 | |
| | First Named Inventor | Gang ZHANG | |
| | Art Unit | 2825 | |
| | Examiner Name | B. W. Bowers | |
| Total Number of Pages in This Submission | 21 | Attorney Docket Number | 188122003300 |

| ENCLOSURES (Check all that apply) | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form w/duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (16 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) - replacement (1 sheet) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP (Customer No. 20872) | | |
| Signature | | | |
| Printed name | Robert E. Scheid | | |
| Date | April 18, 2006 | Reg. No. | 42,126 |

| | |
|---|-----------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV731515107US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: April 18, 2006 | Signature: (Janet Hollrah) |



PTO/SB/17 (01-06)
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|---|------|--------------------------|---------------|
| FEE TRANSMITTAL For FY 2006 | | Complete if Known | |
| | | Application Number | 10/618,237 |
| | | Filing Date | July 11, 2003 |
| | | First Named Inventor | Gang ZHANG |
| | | Examiner Name | B. W. Bowers |
| | | Art Unit | 2825 |
| | | Attorney Docket No. | 188122003300 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 525.00 | |

| | |
|---|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 03-1952 |
| Deposit Account Name: Morrison & Foerster LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|--------------------|---------------------|---|---------------------|-------------------------|----------------------|-----------------------|
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | <u>Small Entity</u> | | <u>Small Entity</u> | | <u>Small Entity</u> | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | | <u>Small Entity</u> |
| Fee Description | | | | | | | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 50 |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 |
| Multiple dependent claims | | | | | | | 360 |
| | | | | | | | 180 |
| Total Claims | | | | | | | |
| 24 - 20 = 4 x 25 = | | | | | | | 100.00 |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | | | | | | |
| 5 - 3 = 2 x 100 = | | | | | | | 200.00 |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | |
| _____ - 100 = _____ | | /50 | _____ (round up to a whole number) x _____ | | = | 0 | |
| 4. OTHER FEE(S) | | | | | | | Fees Paid (\$) |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | 0 |
| Other (e.g., late filing surcharge): 2252 Extension for response within second month | | | | | | | 225.00 |

| | | | |
|---------------------|------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 42,126 |
| Name (Print/Type) | Robert E. Scheid | Telephone | (415) 268-6369 |
| | | Date | April 18, 2006 |